

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 128  
Registered No. 206

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emmett Watts Jr.  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth Nov. 3, 1928  
Month Day Year

<p>8. FATHER Full name <u>Roscoe E. Watts</u></p> <p>9. Residence (Usual place of abode) <u>Globe, Arizona</u> If non-resident, give place and state.</p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>30</u> (Years)</p> <p>12. Birthplace (city or place) <u>Salina</u> (State or country) <u>Kansas</u></p> <p>13. Occupation <u>Laborer</u> Nature of industry</p>		<p>14. MOTHER Full maiden name <u>Ethel Roberts</u></p> <p>15. Residence (Usual place of abode) <u>Globe, Arizona</u> If non-resident, give place and state.</p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday <u>18</u> (Years)</p> <p>18. Birthplace (city or place) <u>Mills County, Texas</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>	
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20. Number of children of this mother Two  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living Two  
(b) Born alive but now dead none  
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4:45 p.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature I. C. Harper  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed 12/10, 1928 E. E. Wright  
Registrar